

*optional information

U.S. Fish and Wildlife Service Chincoteague National Wildlife Refuge

Children in the Woods Day Camp Summer 2015

Camper Information				
Name of Camper:		Age:	Male / Female (Circle one)	
Address:				
City, State, Zip:				
Telephone:	Home /Cell /Office (Ci	rcle one) T-s	hirt Size: S/M/L (Circle One)	
\Box Please check if your camper <i>has never</i> attended Children in the Woods Day Camp in the past.				
Emergency Contact Informa	tion			
Name:	Relat	ionship to Ca	mper:	
Address (if different from above	/e):			
City, State, Zip:				
Telephone:	Home /Cell /Office ((Circle one)		
Alternate Telephone:	Home /Cel	l /Office (Cir	cle one)	
Health Information				
Food/Medication Allergies:				
Other Allergies:				
Height: Weig				
*Do you carry insurance? Yes	/ No (Circle one) If so, indi	cate carrier:_		
*Policy/Group #:				
Additional Important Informati	ion:			

For Office Use Only App ID#

Please fill out a separate application for each child.	Campers may attend only one week
of camp per summer. Select the preferred week(s) of	of camp below.

June 22-26	August 3 – 7
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Please read and complete the following:

I hereby request that my child be entered into the random drawing for attendance to the Chincoteague National Wildlife Refuge (CNWR) Children in the Woods Day Camp. I understand and am aware that my child will be participating in many physical activities and that the potential for accidents does occur. In consideration of acceptance to Children in the Woods Day Camp the following statements apply:

- I indemnify and hold harmless the Chincoteague Natural History Association, Chincoteague National Wildlife Refuge, United States Fish and Wildlife Service and/or its staff/volunteers from any and all liability, claims, damage, injury or illness sustained by my child.
- I grant permission for Chincoteague National Wildlife Refuge to provide or obtain medical attention for my child in the event of sickness or injury and I understand accident insurance is not included in the camp fee. Should a camper require special medical attention, prescriptions, or hospital care during the camp session, parent(s)/guardian(s) shall bear the expenses.
- I understand that the Children in the Woods Day Camp will be held **June 22-26**, and **August 3-7**, **2015**. I also understand that it is my responsibility to ensure my child will be dropped off at *9am and picked up at 1pm*.
- My child may be participating in the following activities: kayaking, archery, fishing, crabbing, clamming, wildlife observation, hiking, biking, photography, and other *outdoor* activities for extended periods of time.
- A random drawing will be held to select participants for Children in the Woods Day Camp, which only admits 14 children per session. Children must have completed 3rd, 4th, or 5th grade by summer 2015 to be eligible to apply (minimum age is 8 years old, maximum age is 11 years old).
- I acknowledge that campers who have not previously attended camp will be given preference in the selection process.
- I understand that if drawn to participate in the Children in the Woods Day Camp there is a \$50.00 fee. (Scholarships are available by request).

All applications must be received in the refuge office by 5:00pm on May 1, 2015. The random drawing for the 14 available slots per session will be held by May 8. *Lottery results will be sent to all applicants via mail immediately thereafter*. Prior to camp, participants will receive additional information on what to bring as well as further instructions to complete registration. If you have any questions throughout the application process please contact Aubrey Hall at Chincoteague National Wildlife Refuge at (757) 336-6122 ext 2324.

We expect selected campers to participate in all camp activities, in order to fully experience and enjoy the wildlife-dependent recreational opportunities being provided. Your signed application signifies understanding and acceptance of these responsibilities. In addition, should a behavior or discipline problem affect our work with other campers or their enjoyment of Children in the Woods Day Camp, we reserve the right to dismiss those campers responsible, without refund.

Parent/Guardian Signature:	Date:

Mail applications to:

Chincoteague National Wildlife Refuge Attn: Children in the Woods Day Camp PO Box 62 Chincoteague, VA 23336

^{*}Application **MUST** be signed for applicant to be enrolled in the lottery.*